

**2013**  
**ABERDEEN WINTER GYMNASTICS**



**GYMNASTICS REGISTRATION MAY BE HANDLED BY MAIL OR YOU MAY ATTEND REGISTRATION ON TUESDAY, JANUARY 15<sup>TH</sup>, FROM 6:00 TO 7:30PM – REGISTRATION AND ALL CLASSES WILL BE HELD AT THE HARFORD COUNTY COMMUNITY SERVICES BUILDING AT 34 N. PHILADELPHIA BLVD.**

**FIRST CLASS WILL BE HELD ON MONDAY, JANUARY 28<sup>TH</sup>**

<b>4:30 – 5:30PM</b>	<b>5 YEARS AND OLDER</b>
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**FIRST CLASS WILL BE HELD ON WEDNESDAY, JANUARY 30<sup>TH</sup>**

<b>6:00 – 6:50PM</b>	<b>LEARNING THRU MOVEMENT 2 ½ TO 3 ½ YEAR OLDS (must be 2 ½ by the first day of class)</b>
<b>7:00 – 7:50PM</b>	<b>3 ½ TO 4 YEAR OLDS</b>

**FIRST CLASS WILL BE HELD ON THURSDAY, JANUARY 31<sup>ST</sup>**

<b>4:30 – 5:30PM</b>	<b>5 YEARS AND OLDER</b>
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**FEES:**

**\$50.00 FOR 10 WEEKS/ ONCE A WEEK CLASSES**

**NO REFUNDS OR TRANSFERS**

**MAKE CHECKS PAYABLE TO: ABERDEEN BOARD OF PARKS AND REC  
MAIL TO: ACPR GYMNASTICS, P.O. BOX 248, CHURCHVILLE, MD. 21028**

**FOR MORE INFORMATION, CALL 410/836-2080**

**E-MAIL: CORNGYM@COMCAST.NET**

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**2013 WINTER ABERDEEN GYMNASTICS REGISTRATION FORM**

<b>DAY:</b>	<b>TIME:</b>	<b>CLASS NAME:</b>	
<b>CHILD'S NAME:</b>	<b>PHONE #:</b>		
<b>ADDRESS:</b>	<b>ZIP:</b>		
<b>DATE OF BIRTH:</b>	<b>AGE:</b>		
<b>PARENT'S NAME:</b>			
<b>EMERGENCY NAME &amp; PHONE#:</b>			
<b>AMT PD.</b>	<b>CASH</b>	<b>CHECK #</b>	<b>DATE</b>

I agree that I will not hold the program, instructor, or the Aberdeen Board of Parks and Recreation responsible for any injuries received while participating in the gymnastics program. I understand and accept that there are inherent risks involved in participating in gymnastics and I certify, by my signature, that my child is physically capable of participating in this program. I also understand that information on YOUTH SPORTS CONCUSSIONS AND HEAD INJURIES is available ON LINE at [www.cdc.gov/concussioninyouthsports](http://www.cdc.gov/concussioninyouthsports) or you can call 1-800/232-4636.

Any physical conditions or allergies that the instructor should be made aware of \_\_\_\_\_

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Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_